

Medical Leadership Content of Royal College Curricula

College	Chapter Heading	Page #	Medical Leadership within the Curriculum	
Royal College of GP's	THE CORE CURRICULUM STATEMENT: Being a General Practitioner	3	The National Health Service (NHS) needs clinicians to be actively involved in the planning, delivery and transformation of health services through their day-to-day practice. This is reflected in the Medical Leadership Competency Framework produced by the Academy of Medical Royal Colleges and the former NHS Institute for Innovation and Improvement	http://www.rcgp.org.uk/gp-training-and-exams/gp-curriculum-overview.aspx
		4	Leadership is a key factor of your professional work and all doctors have a responsibility to contribute to the effective running of the NHS organisation(s) in which they work, and to its future direction. Delivering leadership should be built on the concept of shared leadership, where there is a shared sense of responsibility for the success of the organisation. As a family doctor in the NHS you should provide leadership, or support the leadership of other members of your team in promoting the successful delivery of services to patients. Family doctors must continue to practise medicine as clinical generalists, applying the fundamental characteristics outlined in the WONCA framework, but they also need to be involved in the continuing development of their healthcare system. As an individual professional you must therefore adapt and grow in order to meet these new challenges.	
		11	1.6 Act as an advocate for your patients. This means that as a GP you should: 1.6.1 Develop and maintain a relationship and style 1.6.2 Show effective leadership, negotiation and compromise	
		37	Work constructively with colleagues and delegate effectively: Provide effective leadership as appropriate to your role. 1.3.3 Be able to work as a team member and team leader in providing services to patients 1.6.2 Show effective leadership, negotiation and compromise	
		6	The 'areas of competence' used in the consultation are transferable to other areas of the curriculum, where they can be used and developed further. For example: Shared decision-making (to some degree) is transferable to the context of distributed leadership in the primary healthcare team	
	2.02 Patient safety and quality of care	4	As such all GPs need to make sure that their practice has good systems in place to monitor the quality of care that they provide. This requires leadership, team working and good information systems. GPs increasingly need to be able to demonstrate that they keep up-to-date and are fit to practise, and can account for the standard of care they are providing.	
		15	Being part of a multidisciplinary team is a particular feature of primary care. It is important that you understand the influence of being a doctor in that team and the effect on the culture and systems within the practice. It is also useful for you to observe and be aware of the varying levels of influence arising from the different roles such as partner, sessional doctor and locum. This has clear links to leadership competencies.	
	2.03 The GP in the wider professional environment	3	Key Messages: 1) The purpose of clinical leadership is to improve health outcomes and quality of care for your patients 2) Effective primary care requires the co-ordination and commitment of a multi-professional team working in partnership with patients 3) Leading and managing improvement in healthcare systems is just as important as acting on behalf of the individual patient 4) Leadership is everyone's responsibility 5) As a GP you have a wider social responsibility to use healthcare resources economically and sustainably	

	4	<p>As a GP you require a number of skills to enable you to manage your own practice or organisation effectively. However, doctors also have a leadership role within society, placing themselves in the service of patients by taking an active, informed and altruistic interest in issues that would benefit from their involvement. Patients and staff will look to GPs to influence and help determine the future direction of services; in leading and managing change there is a need for you as a GP to understand yourself, how you can work effectively with your teams and others, and how to take people with you. GPs must participate in the development and sustenance of primary care organisations that enable those involved in them to flourish. This means contributing to the well-being of your colleagues as well as your patients through good management of all involved in the provision of care and the design of robust systems that encourage good care and effective, sustainable and environmentally sensitive use of resources.</p>
	5	<p>Two other professional and curricular frameworks are important to mention: the General Medical Council's Good Medical Practice Framework for Appraisal and Assessment 1 described in <i>Being a General Practitioner</i>, and the Healthcare Leadership Framework, developed by the NHS Leadership Academy. 2 The Healthcare Leadership Framework describes the competences that doctors and other healthcare professionals, of all disciplines, will require if they are to be actively involved in the planning, delivery and transformation of health services. The key elements of the Healthcare Leadership Framework are outlined in Figure 1 below. The framework, which can be viewed at www.leadershipacademy.nhs.uk, is built around delivering a service to the patient and founded on the concept of 'shared leadership'. This is where responsibility for leadership is not restricted to those with designated leadership roles but can come from anyone, at any level within the organisation, at any time. Leadership then becomes a shared responsibility and is focused on the achievements of the team, not just the individual. In common with many such frameworks, the Healthcare Leadership Framework is not there to be slavishly followed but to provide a language by which we can think, talk and be guided about ourselves, about our actions and about leadership.</p>
	14	<p>EF2 Attitudinal Features: EF2.4 Identifying ethical aspects relating to management and leadership in primary healthcare, e.g. approaches to use of resources, rationing, patient involvement in decision-making</p>
	16	<p>Formal teaching: You might also need specific learning sessions on some of the constructs underpinning theories of leadership, developing teams and management strategies. Many of these subjects are readily available as e-learning modules accessible from your desktop</p>

<p>Royal College of Pyschiatry</p>	<p>Curriculum for a Broad Based Training Programme: objectives</p>	<p>26</p>	<p>6. Management and leadership Including Team-working and patient safety, Infection control, Environmental Protection and Emergency Planning and Management and NHS structure</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision (8.1) 2. To work well in a variety of different teams and agencies (social services, police, safe guarding children) for example the ward team, the infection control team, the primary care team and to contribute to discussion on the team's role in patient safety 3. To display the leadership skills necessary to lead teams so that they are more effective and better able to deliver safer care. (3.4) 4. To recognise the desirability of monitoring performance, learning from mistakes and adopting a 'no blame' culture in order to ensure high standards of care and optimise patient safety. (3.6) 5. To manage and control infection in patients. Including controlling the risk of cross infection and working appropriately within the wider community to manage the risk posed by communicable diseases (3.7) 6. To understand the relationship of the physical environment to health 7. To be able to identify situations where environmental exposure may be the cause of ill health 8. To understand and participate in local emergency arrangements (3.8) <p>Assessments: MSF, ACAT, miniCEX GMP Domain: 3,4</p>	<p>http://www.rcpsych.ac.uk/pdf/BBF%20with%20Assessment%20Grid_Jan2013.pdf</p>
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	Curriculum for a Broad Based Training Programme: Level 1	27	<p>Level 1</p> <ul style="list-style-type: none"> • Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare. • Describes the roles of members of the clinical team and the relationships between those roles. • Participates fully in clinical coding arrangements and other relevant local activities. • Respects and follows local protocols and guidelines • Takes direction from the other members of the healthcare team as appropriate on matters related to patient safety • Discusses risks of treatments with patients and is able to help patients make decisions about their treatment • Always ensures the safe use of equipment • Follows guidelines unless there is a clear reason for doing otherwise • Acts promptly when a patient's condition deteriorates • Always escalates concerns promptly. • Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities; safeguarding high standards of care and facilitating the development of improved clinical services • Maintains personal portfolio. • Effectively undertakes duties within the local emergency plan.
	Curriculum for a Broad Based Training Programme: Level 2	27	<p>Level 2</p> <ul style="list-style-type: none"> • Describes the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services. • Participates in team and clinical directorate meetings including discussions around service development. • Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty. • Demonstrates the ability to work with teams and agencies outside the trainee's immediate clinical workplace such as social services, police, safeguarding children services etc to promote safety • Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety • Understands the relationship between good team working and patient safety • Able to work with and when appropriate lead the whole clinical team • Promotes patient safety to more junior colleagues - • Comprehends untoward or significant events and always reports these- • Leads discussions of causes of clinical incidents with staff and enables them to reflect on the causes - • Able to undertake a root cause analysis.- • Able to define key elements of clinical governance e.g. understands the links between organisational function and processes and the care of individuals- • Engages in audit and understands the link between audit and quality and safety improvement. (Also see Objective 4.6, Audit and quality improvement)

THE ROYAL COLLEGE OF ANAESTHETISTS	4.9 Professional knowledge, skills, attitudes and behaviour	26	Team working and leadership: Doctors in the acute care specialties have to work as part of a wider team and are expected to demonstrate leadership. Formal training in these areas is not built into this curriculum, but the absence of these qualities should be commented on in workplace based assessments and discussed at appraisals. Remedial training should be devised and provided to meet individual needs.	http://www.rcoa.ac.uk/document-store/acute-care-common-stem-accs-core-training-programme-2012
	5.0 ACCS Common Competences: Time management and decision making	33	Level Descriptor 4: Automatically prioritises and manages workload in most effective fashion, Communicates and delegates rapidly and clearly, Automatically responsible for organising the clinical team. Calm leadership in stressful situations	
	5.0 ACCS Common Competences: Team working and patient safety	39	Description: To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care	
		40	Skills: Demonstrate leadership and management in the following areas: Education and training, Deteriorating performance of colleagues (e.g. stress, fatigue), High quality care, Effective handover of care between shifts and teams. Assessment method: Mi, C, ACAT. GMP Domains: 1,2,3	
		41	Level Descriptor 2: Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team’s role in patient safety; To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care Level Descriptor 3: Leads multidisciplinary team meetings but promotes contribution from all team members; Recognises need for optimal team dynamics and promotes conflict resolution; Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous Level Descriptor 4: Leads multi-disciplinary team meetings allowing all voices to be heard and considered; Fosters an atmosphere of collaboration; Demonstrates ability to work with the virtual team; Ensures that team functioning is maintained at all times; Promotes rapid conflict resolution	
	5.0 ACCS Common Competences: Managing long term conditions and promoting patient self-care	47	Level Descriptor 4: Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions	
	5.0 ACCS Common Competences: Breaking bad news	50	Behaviours: Take leadership in breaking bad news. Assessment method: C, D, M. GMP Domains: 1.	
	5.0 ACCS Common Competences: Complaint and Error	51	Behaviours: Take leadership over complaint issues. Assessment method: C, D, M. GMP Domains: 1.	
		53	Level Descriptor 4: Provides leadership in the management of complaints	
	5.0 ACCS Common Competences: Communication with colleagues and cooperation	54	Behaviours: Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate. Assessment method: ACAT, C, Mi, M. GMP Domains: 3.	
5.0 ACCS Common Competences: Ethical research	62	Level Descriptor 4: Provides leadership in research		

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5.0 ACCS Common Competences: Personal behaviour	69	Behaviours: Recognise the need to improve clinical leadership and management skills. Assessment method: ACAT, C, Mi. GMP Domains: 1.
5.0 ACCS Common Competences: Management and NHS structure	71	Description: A significant knowledge of leadership principles and practice as defined in the Medical Leadership Competence Framework is an important part of this competence
6.1 ACCS Major Presentations: Anaphylaxis	75	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, C, Mi, . GMP domains: 2,4.
6.1 ACCS Major Presentations: Major Trauma	79	Behaviours: Adopt leadership role where appropriate and be able to take over when appropriate. Assessment methods: ACAT, C, Mi, L . GMP domains: 2,4.
6.1 ACCS Major Presentations: Shocked patient	83	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, C, Mi, . GMP domains: 2,3.
6.1 ACCS Major Presentations: Unconscious patient	84	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, C, Mi, . GMP domains: 2,4.
6.1 ACCS Major Presentations: Oliguric patient	113	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, C. GMP domains: 2,4.
6.1 ACCS Major Presentations: Ventilatory Support	130	Behaviours: Adopt leadership role where appropriate. Assessment methods: Mi, C, ACAT. GMP domains: 3.
6.3 Anaesthetics within ACCS: Critical incidents	168	CI_BK_31: KNOWLEDGE: Demonstrate good non-technical skills such as: effective communication, team working, leadership, decision making and maintenance of high situational awareness: A,C,D, E. GMP domains: 1,2,3,4.
		CI_BS_01: SKILLS: Awareness of human factors concepts and terminology and the importance of non-technical skills in achieving consistently high performance such as: effective communication, team working, leadership, decision making and maintenance of situational awareness. Assessment methods: A,C,E. GMP domains: 1,2,3,4.
6.3 Anaesthetics within ACCS: ICM Competency: Describes Principles of Monitoring Respiratory Function	179	Behaviour: Adopt leadership role where appropriate. Assessment methods: ACAT, AA, C, Mi. GMP domains: 2.
6.3 Anaesthetics within ACCS: CM Competency: Prescribes safe use of vasoactive drugs and electrolytes	181	Behaviour: Adopt leadership role where appropriate. Assessment methods: ACAT, AA,C,ACAT. GMP domains: 2, 4.

	8.0 The ACCS Assessment System	189	Multi-source feedback (M or MSF) This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collation and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters. Feedback is given to the trainee by the Educational Supervisor.	
	8.0 The ACCS Assessment System	196	ACAT-EM: Assessment Domain: Clinical leadership. Description: Appropriate delegation and supervision of junior staff	
	8.0 The ACCS Assessment System: A.1.3 Overall assessment structure relating to both core and higher EM training	198	5: The 25 Common competencies, each of which is described by levels 1-4. Trainees during CT1-3 should aim to reach level 2 in all areas. Trainees by the end of HST should have reached level 4 in all areas. Many of these competences are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. For a small number of common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management & leadership competencies.	
The Royal College of Paediatrics and Child Health	Introduction: Progression in the Professional Development of a Paediatrician	10	During levels 2 and 3: Able to take the lead and accept leadership from other members of the multi-disciplinary team	http://www.rcpch.ac.uk/system/files/protected/page/2010%20General%20Paediatrics%20%20curriculum%202013%20update.pdf
	Assessment Standards: Good clinical care	18	Level 2 ST4-5 : 3) Leadership skills in advanced neonatal paediatric life support. 11) effective leadership skills in undertaking initial investigations in children, based on an understanding of the risks and benefits in each case.	
		18	Level 3 ST6: 7) leadership skills in the management of common and complex conditions in general paediatrics and paediatric subspecialties seeking additional advice and opinion as appropriate	
	Assessment Standards: Working with colleagues	74	Introduction: This section details the appropriate attitudes and behaviours that help deal with complex situations and to work effectively in team work and as a leader within a healthcare team. Much of the medical leadership framework is addressed within this section looking at the practice of leadership.	
	Assessment Standards: Working with colleagues	78	Level 2 ST4-5 : 31) Effective leadership and management skills in clinical and non-clinical settings: be able to take on a leadership role in multidisciplinary teams when appropriate, for example at a discharge meeting and know when it may be inappropriate to do so. Have developed some leadership skills for example in communicating the urgency of action in an emergency while enabling teams to remain calm.	
	Assessment Standards: Working with colleagues	79	Level 3 ST6: 31) Effective managerial skills in taking on a positive managerial role to support effective service provision: demonstrate safe and effective leadership through organisation of team work and prioritising appropriately. Demonstrate safe and effective leadership through organisation of team work and prioritisation. . take on a leadership role in multi-disciplinary teams by representing the health needs of a child, young person and their family at a discharge meeting and know when it maybe inappropriate to do so. 32) Effective leadership skills in the organisation of paediatric teamworking and effective handover. Be able to take on a leadership role in al multidisciplinary team when appropriate for example representing the health needs if a child, young person and their family at a discharge meeting and know when it maybe inappropriate to do so	

	Section 3: SUB-SPECIALTY CONDITIONS	133	<p>Medical Leadership Framework</p> <p>The Medical Leadership Framework is embedded throughout the competency framework and its associated assessment system. The assessment strategy allows for the elements of Medical Leadership Framework to be assessed by using the existing tools. Whilst many of the competences can be found under the assessment standards 29-33, competences can be found within other assessment standard. The mapping document is available on the college website. The Medical Leadership Framework can be addressed within many learning opportunities e.g. involvement in rota management, involvement in departmental inductions, guideline development, audits that lead to implementation and the evaluation of change, supervision and supporting of colleagues, attending and contributing to meetings.</p>	
	SECTION 4 ASSESSMENTS	138	<p>LEADER</p> <p>The leader case based discussion (CBD) is based on the competencies described in this Medical Leadership Framework and provides a structure for the discussion. It encourages trainees to demonstrate a practical, work-based understanding of the principles and practice of medical leadership</p>	
	SECTION 4 ASSESSMENTS: New assessment methods to be piloted	140	<p>LEADER Cbd (leadership assessment tool)</p> <p>The Medical Leadership Competency Framework describes the skills that doctors need in order to become more actively involved in the planning, delivery and transformation of high quality healthcare services for patients. It contains practical examples of the ways trainees can be involved in clinical leadership and develop their skills and knowledge. The leader case based discussion (CbD) is based on the competencies described in this framework and provides a structure for the discussion. It encourages trainees to demonstrate a practical, work-based understanding of the principles and practice of medical leadership.</p> <p>The LEADER CBD is based around a clinical case with the discussion focusing less on the clinical elements of the case but instead on leadership issues highlighted. Any case where the trainee has been involved is usually suitable, so the trainee does not have to specifically choose a case where they think there might be leadership “issues”. The LEADER CBD allows supervisors and their trainees to explore leadership issues in a structured manner, record that discussion and consider next steps for improvement, future learning and development.</p>	
Joint Royal Colleges of Physicians' Training Board	Common Competences: Time management and decision making	16	Calm leadership in stressful situations	http://www.jrcptb.org.uk/trainingandcert/Documents/FINAL%202009%20CMT%20Curriculum%20(AMENDMENTS%20Aug%202013).pdf
	Common Competences: Team working and patient safety	21	Description: To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care	
		22	Skills: Demonstrate leadership and management in the following areas: Education and training, Deteriorating performance of colleagues (e.g. stress, fatigue), High quality care, Effective handover of care between shifts and teams. Assessment method: ACAT, Cbd, mini-CEX. GMP Domains: 1,2,3	

Common Competences: Managing long term conditions and promoting patient self-care	26	Level Descriptor 4: Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions
Common Competences: Breaking bad news	29	Behaviours: Take leadership in breaking bad news. Assessment method: CbD, DOPS, MSF. GMP Domains: 1.
Common Competences: Complaint and Error	30	Behaviours: Take leadership over complaint issues. Assessment Method: CbD, DOPS, MSF. GMP domains: 1
	30	Level Descriptor 4: Provides leadership in the management of complaints.
Common Competences: Communication with colleagues and cooperation	31	Behaviours: Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate. Assessment method: ACAT, CbD, mini-CEX, MSF. GMP Domains: 3.
Common Competences: Communication with colleagues and cooperation	31	Level descriptor 4: Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members
Common Competences: Ethical research	37	Level Descriptor 4: Provides leadership in research
Common Competencies: Teaching and training	42	The individual practitioner has to have appropriate attitudes and behaviours that help deal with complex situations and to work effectively providing leadership and working as part of the healthcare team
Common Competences: Personal behaviour	69	Behaviours: Recognise the need to improve clinical leadership and management skills. Assessment method: ACAT, CbD, mini-CEX. GMP Domains: 1.
Common Competences: Management and NHS structure	44	Description: A significant knowledge of leadership principles and practice as defined in the Medical Leadership Competence Framework is an important part of this competence
Major Presentations: Shocked patient	48	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, CbD, mini-CEX . GMP domains: 2,3.
Major Presentations: Unconscious patient	49	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, CbD, mini-CEX . GMP domains: 2,3.
Major Presentations: Anaphylaxis	50	Behaviours: Adopt leadership role where appropriate. Assessment methods: ACAT, CbD, mini-CEX . GMP domains: 2.

	Assessment System	171	Multi-source feedback (M or MSF) This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collation and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters. Feedback is given to the trainee by the Educational Supervisor.	
The Intercollegiate Surgical Curriculum	Professional Behaviour and Leadership Syllabus	3	Good Clinical Care, to include: <ul style="list-style-type: none"> • History taking (GMP Domains: 1, 3, 4) • Physical examination (GMP Domains: 1, 2,4) • Time management and decision making (GMP Domains: 1,2,3) • Clinical reasoning (GMP Domains: 1,2, 3, 4) • Therapeutics and safe prescribing (GMP Domains: 1, 2, 3) • Patient as a focus of clinical care (GMP Domains: 1, 3, 4) • Patient safety (GMP Domains: 1, 2, 3) • Infection control (GMP Domains: 1, 2, 3)Mini CEX, Assessment CBD, Mini PAT, MRCS and Specialty FRCS - MLCF 4.1 	https://www.iscp.ac.uk/static/public/ProfessionalBehaviourAndLeadership2010.pdf
	Professional Behaviour and Leadership Syllabus	8	Being a good communicator To include: <ul style="list-style-type: none"> • Communication with patients (GMP Domains: 1, 3, 4) • Breaking bad news (GMP Domains: 1, 3, 4) • Communication with colleagues (GMP Domains: 1, 3) Assessment BA, OPS, Mini CEX, Mini PAT and CBD. MLCF N/A 	
	Professional Behaviour and Leadership Syllabus	10	Teaching and Training (GMP Domains: 1, 3). Assessment Mini PAT, Portfolio assessment at ARCP. MLCF N/A	
	Professional Behaviour and Leadership Syllabus	13	Manager including <ul style="list-style-type: none"> • Self Awareness and self management (GMP Domains: 1) • Team-working (GMP Domains: 1, 3) • Leadership (GMP Domains: 1, 2, 3) • Principles of quality and safety improvement (GMP Domains: 1, 3, 4) Management and NHS structure (GMP Domains: 1) Assessment Mini PAT and CBD MLCF Area 1.1, and MLCF 1.2, Area 2, Area 4.2, 4.3, 4.4, Area 3,	
	Professional Behaviour and Leadership Syllabus	20	Promoting good health (GMP Domains: 1, 2, 3) Assessment MRCS, specialty FRCS, CBD, Mini PAT MLCF N/A	

	Professional Behaviour and Leadership Syllabus	21	<p>Probity and Ethics To include</p> <ul style="list-style-type: none"> • Acting with integrity • Medical Error • Medical ethics and confidentiality (GMP Domains: 1, 2, 3, 4) • Medical consent (GMP Domains: 1, 3, 4) • Legal framework for medical practise (GMP Domains: 1, 2, 3) Assessment Mini PAT and CBD, PBA, DOPS, MRCS, specialty FRCS MLCF N/A 	
Obstetrics and gynaecology curriculum	RCOG Generic Subspecialty Curriculum 2013: Generic Module 6: Administration and Service Management	22	<p>Organisation of NHS services</p> <ul style="list-style-type: none"> · Directorate, NHS trusts · Primary care trust, strategic health authorities <p>Manage clinical network for subspecialty service</p> <p>Health and safety</p> <p>Management:</p> <ul style="list-style-type: none"> · Strategy development · Business planning · Project management <p>Financial resource management</p> <p>Human resources:</p> <ul style="list-style-type: none"> · Team building · Appointments procedures · Disciplinary procedures <p>Scrutiny of organization:</p> <ul style="list-style-type: none"> · Healthcare Commission · GMC /educational visits (GMP 1, 3) Develop and implement organisational change: · Develop strategy · Formulate a business plan · Manage project <p>Participate in recruitment:</p> <ul style="list-style-type: none"> · Job specification · Interview and Selection (GMP 1, 3) Assessment/Evidence Logbook of experience and competence, STPS report 	<p>http://www.gmc-uk.org/2013_08_12_Generic_Curriculum2.pdf_56006738.pdf</p>